

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Mohave General State ARIZONA
Township _____ or Village _____
City Kingman No. Mohave Gen Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 8 yrs. 1 mos. 19 ds. How long in U. S. if of foreign birth? 11 yrs. 1 mos. 11 ds.
2. FULL NAME Ruben L. Blank How long in State when death occurred? 11 yrs. 1 mos. 11 ds.
(a) Residence: No. Kingman St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Oct. 22 1863
7. AGE Years 75 Months 1 Days 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Independance Iowa

13. NAME Alie Blank

14. BIRTHPLACE (city or town) (State or Country) Pittsburg Pa.

15. MAIDEN NAME Fanny Timpson

16. BIRTHPLACE (city or town) (State or Country) Byran Vermont

17. INFORMANT (Address) Hospital Kingman Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Kingman, Ariz. Date Dec. 16 38

19. EMBALMER License No. 139 Signature [Signature]

FUNERAL DIRECTOR Van Watter Mortuary Address Kingman, Ariz.

20. Filed Dec 17 1938 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1938, to 12-11 1938

I last saw him alive on 12-11, 1938; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular
Renal disease

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) Kingman, Ariz.